

FILED OCT 3-1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28954

BIRTH NO.		REG. DIST. NO. 38	PRIMARY REG. DIST. NO. 3006	Registrar's No. 246
1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Columbia		c. LENGTH OF STAY (in this place) 15 Yrs.	c. CITY OR TOWN Columbia	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital		STREET ADDRESS (If rural, give location) 1128 West Ash St. 01250		
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) William	c. (Last) Chaney	4. DATE OF DEATH (Month) (Day) (Year) Sept. 24, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 16, 1883	9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (City and State or Foreign Country) Pocahontas, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Samuel Chaney		13b. MOTHER'S MAIDEN NAME Jané Haney	14. NAME OF DECEASED'S WIFE Bessie Chaney	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bessie Chaney Columbia, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis Unknown DUE TO (c) 331X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Vascular Disease Unknown		INTERVAL BETWEEN ONSET AND DEATH 36 hours
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 5-9, 1950, to 9-24, 1955, that I last saw the deceased alive on 9-24, 1955, and that death occurred at 9:05 p.m., from the causes and on the date stated above.				
23a. SIGNATURE Charles H. Lankford (Degree or title)		23b. ADDRESS Columbia, Missouri		23c. DATE SIGNED 9-26-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 27 1955	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Columbia, Mo	
DATE REC'D BY LOCAL REG. Sept. 26, 1955	REGISTRAR'S SIGNATURE Mrs. R. E. Palmer	31-n	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. J. Palmer Memorial Funeral Home, Columbia, Mo	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1951 87 100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~02-12-51~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lynard Sprinkle*

Licensed Embalmer No. *4613*
P. O. Address *Columbia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.